



Massachusetts Volunteer Request Form



Description of event:

Region:

Local MRC leader:

Has local MRC been contacted? Yes No

Requesting Agency Information

Date:	
Requestor's name:	
Requestor's telephone:	
Requestor's email:	

Event Information

Date:	
Address/Location:	
Point of Contact at Site:	Number:
Type of event? <input type="checkbox"/> Shelter <input type="checkbox"/> Emergency <input type="checkbox"/> Other	
How quickly is response needed?	

Volunteer Information

Description of Volunteer Duties:		Job Descriptions included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of volunteers needed (medical/non-medical)?		
How many of each?		
Professions & skills needed:		
Date/time/duration of shift(s) and check-in time:		
Who do volunteers report to?	Number:	
Additional Info(meals, supplies, lodging, transportation, parking, etc)		
Directions		